

GOVERNMENT AGENCY REPORT OF CHANGE FORM

Date _____

A: GOVERNMENT AGENCY NAME: Provide the current AND complete name for the Government Agency, for which you will be reporting changes:

GOVERNMENT AGENCY ADDRESS: _____

CITY _____ STATE _____ ZIP _____

B. GOVERNMENT AGENCY NUMBER: _____

C. AUTHORIZATION FOR CHANGES: **(Signature is required)**

SIGNATURE: _____ DATE _____

PRINTED NAME OF SIGNER: _____ **TITLE:** _____

1. **CHANGE OF CONTACT PERSON AND / OR ADDRESS**

<u>DATE OF BIRTH</u>	<u>HIRE DATE</u>	<u>TERM DATE</u>	<u>CONTACT PERSON</u>	<u>SSN</u>	<u>ADDRESS</u>

2. NEW OR TERMINATED **UNCERTIFIED APPLICATORS**

<u>DATE OF BIRTH</u>	<u>HIRE DATE</u>	<u>TERM DATE</u>	<u>UNCERTIFIED APPLICATOR'S NAME</u>	<u>SSN</u>	<u>ADDRESS</u>

3. NEW OR TERMINATED **CERTIFIED APPLICATORS**

<u>DATE OF BIRTH</u>	<u>HIRE DATE</u>	<u>TERM DATE</u>	<u>CONTACT PERSON</u>	<u>SSN</u>	<u>ADDRESS</u>

RETURN THIS COMPLETED FORM TO: **KANSAS DEPARTMENT OF AGRICULTURE
RECORDS CENTER
109 SW 9TH ST
TOPEKA, KS 66612**